



File with: Seattle City Clerk
PO BOX 94728
Seattle, WA 98124-4728
Questions: (206) 684-8500
(206) 615-1248
Polly.Grow@seattle.gov

SEEC FORM

F-1A

(3/16)

SEEC
DOLLAR
CODE

AMOUNT

(1)	\$0	--	\$999
(2)	\$1,000	--	\$4,999
(3)	\$5,000	--	\$9,999
(4)	\$10,000	--	\$24,999
(5)	\$25,000	--	\$99,999
(6)	\$100,000	--	\$199,999
(7)	\$200,000	--	\$999,999
(8)	\$1,000,000	--	\$4,999,999
(9)	\$5,000,000 or more		

**PERSONAL
FINANCIAL
STATEMENT**

OFFICE USE

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.

A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.

Deadlines: Incumbent elected and appointed officials -- by April 15.
Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

"immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, child of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most recently filed federal income tax return. SMC 4.16.080.

Last Name Sawant First Kshama Middle Initial _____
Mailing Address (Use PO Box or Work Address*)
112 28th Ave S
City Seattle County King Zip + 4 98144-4025

Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse.

Calvin Priest

Filing Status (Check only one box.)

- ☒ An elected or appointed official filing annual report
☐ Final report as an elected official. Term expired: _____
☐ Candidate running in an election: month _____ year _____
☐ Newly appointed to an elective office

Office Held or Sought

Office title: City Councilmember

Position number: District 3

Term begins: Jan 1 2016 ends: Dec 31 2019

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

☐ **NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.

☒ **MINOR CHANGES REPORT.** I have reviewed my last complete F-1 report dated 4/15/2018. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

box 1 - Spouse (SP) - Socialist Alternative, 1027 Grand St. Studio B2, Brooklyn, NY 11211
- Political Organizer - Amount (code 5)

Check here ☐ if continued on attached sheet

Estimated Net Worth \$ 470,000

**FOOD
TRAVEL
SEMINARS**

Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, or an immediate family member, or a combination thereof: 1) Food and beverages costing over \$50 per occasion.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
11/24/2018	Socialist Alternative, NYC, NY	Travel: Kshama and Calvin to Belgium for CWI Conference on world political analysis	\$ <u>1,630.46</u>	(2)
			\$ _____	()

Check here ☒ if continued on attached sheet

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

☒ I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns.

Contact Telephone: (206) 684 8016 *

Email: kshama.sawant@seattle.gov (work) *

Email: _____ (Home) Optional

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

04/15/2019
Date

[Signature]
Signature

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information. **Report Not Acceptable Without Filer's Signature**

Information Continued

Name _____

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

- ☐ **NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.
- ☒ **MINOR CHANGES REPORT.** I have reviewed my last complete F-1 report dated 4/15/2018. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

FOOD TRAVEL SEMINARS(Continued) Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, or an immediate family member, or a combination thereof: 1) Food and beverages costing over \$50 per occasion.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
10/22/2018	Socialist Alternative, NYC, NY	Travel: Kshama and Calvin to Chicago for SA National Convention	\$ <u>484.80</u>	(1)
11/8/2018	Socialist Party of England & Wales, London,	Travel: Kshama to London for Socialism Conference	\$ <u>1,003.63</u>	(2)
04/11/2018	Socialist Party of Ireland, Dublin, Ireland	Travel: Kshama to Dublin for ROSA Conference	\$ <u>912.82</u>	(1)
03/28/2018	Sozialistische Alternative, Berlin, Germany	Travel: Kshama to Berlin for Socialism Conference	\$ <u>991.23</u>	(1)
03/01/2018	Socialist Alternative, NYC, NY	Travel: Kshama & Calvin to Minneapolis for SA National Committee	\$ <u>553.20</u>	(1)
			\$ _____	()
			\$ _____	()



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SEEC FORM

F-1

SUPPLEMENT
(7/18)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS

Last Name **Sawant** First **Kshama** Middle Initial DATE **4/15/2019**

A

**OFFICE HELD,
BUSINESS
INTERESTS:**

Provide the following information if, during the reporting period, you or any immediate family member

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self ☐ Spouse ☒

Registered Domestic Partner ☐ Dependent ☐

LEGAL NAME:

15 Now

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

15 Now

ADDRESS:

PO Box 20681, Seattle WA 98102

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Activist Organization to raise the minimum wage to \$15/hr

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

FILED
CITY OF SEATTLE
19 APR 15 PM 3:57
CITY CLERK

Name

ENTITY NO. 2

Reporting For: Self ☐ Spouse ☐Registered Domestic Partner ☐ Dependent ☐

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet**B****LOBBYING:**

List persons for whom you, or any immediate family member, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered

Description of Legislation, Rules, Etc.

Compensation (Use Code 1- 9)

()

()

()

Check here ☐ if continued on attached sheet**C****FOOD
TRAVEL
SEMINARS**

Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date
Received

Donor's Name, City and State

Brief Description

Actual Dollar
AmountValue
(Use Code1-9)

\$

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()

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Check here ☐ if continued on attached sheet

Information Continued

F-1 Supplement

Name	
ENTITY NO. LEGAL NAME: TRADE OR OPERATING NAME: ADDRESS: BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: <div style="display: flex; justify-content: space-between;"> Purpose of payments Amount (actual dollars) </div> <div style="text-align: right; margin-top: 10px;">\$</div> PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: <div style="display: flex; justify-content: space-between;"> Agency name: Purpose of payment (amount not required) </div> PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE: <div style="display: flex; justify-content: space-between;"> Customer name: Purpose of payment (amount not required) </div> WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): 	Reporting For: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Dependent <input type="checkbox"/> POSITION OR PERCENT OF OWNERSHIP

B LOBBYING: (Continued)		
Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code 1-9)
		()
		()
		()

C FOOD TRAVEL SEMINARS (continued)				
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code 1-9)
			\$	()
				()
				()